

REMOVAL BY GASTROTOMY OF A HATPIN
SWALLOWED BY A TWENTY MONTHS'
OLD CHILD.

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The following case was referred to the Röntgen-Ray Laboratory, Cornell University Medical College, by Dr. G. M. Ball, of New York City:

A female child, aged twenty months, on April 11, 1904, was playing on a bed with her mother's hat, in which there were three hatpins; the child was noticed to fall forward in her play. After awhile the mother lifted her from the bed and noticed that the child coughed a little; immediately thinking of the possibility of the little girl having swallowed something, the mother glanced about the bed, but felt reassured, as there had been seemingly nothing which the child could swallow. From that time on the patient held her body stiff when she stooped to pick up anything from the floor, also complained of pain whenever the body was bent. The third hatpin was missing, and on searching about the house could not be found. For three days following, the child's temperature ranged between 100° - 101° F., accompanied by symptoms of bronchopneumonia. Examination of the throat revealed a few slight inflammatory areas, but no evidences of a foreign body.

On April 20, the right arm was noticed to be colder than the left, and this persisted until after operation; on April 21 the child passed a thin film of blood-clot in a stool. Two days later a skiagraph was made, the child's trunk being bare to avoid misleading images of pins in the child's clothing.

As can be seen in the accompanying radiograph (Fig. 1), the diagnosis was positive; it was evident that the child had managed to swallow one of the hatpins. The head of the pin

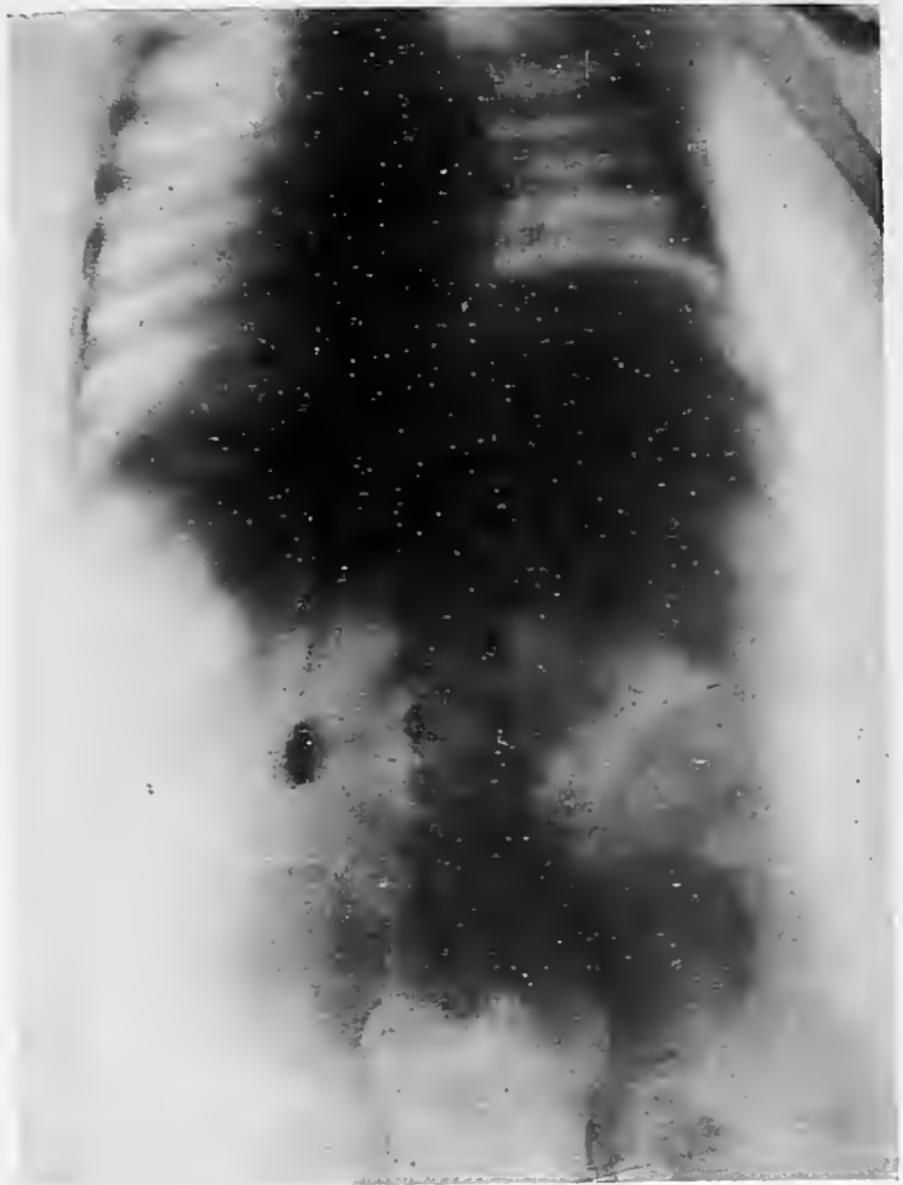


FIG. 1.—Location of hatpin.

being downward to the left of the spinal column opposite the intervertebral cartilage between the second and third lumbar vertebrae, and the point upward, to the right of the spinal column on a level with the second dorsal vertebra. Around the point is a shadow with a dense periphery probably due to a small haemorrhage with beginning coagulation. (Similar shadows have been visible in other radiographs where the blood could be demonstrated. The shadow is not dense enough, nor of the right shape, to be that of some foreign body, as a button.)

On April 26 the case was referred to Dr. F. W. Gwyer, under whose service she was admitted to Bellevue Hospital. During all this time (fifteen days) the child presented no other symptoms than those mentioned; there was no vomiting, the appetite was good, bowels regular, and she slept well. On admission to the hospital, the temperature was 98.6° F.; pulse, 108; respiration, 24.

Gastrotomy was done within a few hours after the admission of the patient. Under ether, the head of the pin could be readily palpated through the abdominal wall about midway between the ribs and the pelvis, on the left side, under the outer half of the rectus muscle. A vertical incision was made through the rectus, but lower than the ordinary incision, with the idea of facilitating the withdrawal of the pin without bending it and so causing damage with the point. The stomach was opened and the head of the pin found pressed against the posterior wall of the stomach. It was necessary to pack a little gauze about it on each side so as to raise it sufficiently to catch it with the forceps; it was then drawn out with ease. The wounds in the stomach and abdominal wall were closed. The child made an uncomplicated recovery, being discharged from the hospital, May 8, 1904.

The most feasible explanation of how the child swallowed such a long pin is that she was playing with the head in her mouth, and on falling forward the point struck on the soft bed and the pin was driven head foremost down the oesophagus. The smooth, round head gliding down without injury, much as when an oesophageal bougie is inserted, the pin being too small in diameter to be grasped by spasm or contraction of the oesophageal muscles.

The case, I think, is exceptional in that the length of the

object is great, especially relative to the size of the child; there were so few symptoms and so little inconvenience during the pin's fifteen days' residence in the child, and in that so little damage seems to have been done to the cesophagus, pleura, and lung, some of which it probably punctured.

I wish to thank Dr. G. M. Ball, Dr. F. W. Gwyer, and Dr. R. M. Vose (Resident Surgeon, Bellevue Hospital) for the opportunity of observing and reporting this case, and also for their clinical observations and co-operation.